AC 440

(Rev. 08/01) Summons in a Civil Act

United States District Court

ESTINILIE ALCARAZ, ESPIE BALUSO, MARIETA GUNNACAO, SUSANA LORENZO, REMEDIOS MASANGKAY, MERLITA MOSQUERA,

AGNES OCLARINO, ZENAIDA ROTAO, and JEANIE DLC. SANTOS

V.

SUMMONS IN A CIVIL CASE

HANSOLL TEXTILE, LTD., TOP FASHION CORPORATION, and HANSOME TEXTILE SAIPA CASE NUMBER: CORPORATION,

08-0003

FILED
Clerk
District Court

JUN 1 2 2008

TO: (Name and address of Defendant)

TOP FASHION CORPORATION, PMB 124, BOX 10001, SAIPAN MARIANA ISLAND, MP 96950

For The Northern Mariana Islands
By______(Deputy Clerk)

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

ATTORNEY STEPHEN C.WOODRUFF 2/F HILL LAW OFFICE BLDG.SUSUPE P.O. BOX 500770 SAIPAN, MP 96950

an answer to the complaint which is served on you with this summons, within	20	days after service
and the second s	HURSHICH DA ACTAI	ult will be taken against
you for the relief demanded in the complaint. Any answer that you serve on u	he parties to this a	ction must be filed with
the Clerk of this Court within a reasonable period of time after service.		

JAN 1 6 2008

Galo L. Perez

CLERK

DATE

(By) DEPUTY CLERK

Case 1:08-cv-00003
U.S. Department of Justice
United States Marshals Service

Document 12 Filed 06/12/2008 Page 2 of 2 PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF ESTINILTE ALCAPAZ, ESPIO Baluso, Marieta Giunn. Susana Lorenzo, Rumedios masaristay, multita mos	ampay 1	_
	penation TYPE OF PROCESS CIVIL - Summans	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR TOP Faction Corporation ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) PMB 124 Box 1000, Saipan		<u>N</u>
ATTORNEY STEPHEN C. WORDERESS BELOW: 2/F Hill LAW OFFICE Bldy. Susuper P.O. Box 500770 Saipan, MP 96950	Number of process to be served with this Form - 285 Number of parties to be served in this case Check for service on U.S.A.	_
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING Telephone Numbers, and Estimated Times Available For Service): Output	Clerk	il fold
Signature of Attorney or other Originator requesting service on behalf of: PLAINTIFF DEFENDANT	For The Northern Mariana Isla By (Deputy Clerk) TELEPHONE NUMBER DATE	inds —
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO	NOT WRITE BELOW THIS LINE	<u> </u>
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than onc USM 285 is submitted) Total Process District of Origin No. OS No. OS No. OS	Ciousin # 2056 6-12	<u>-</u> _\(\alpha\)
I hereby certify and return that I have personally served. have legal evidence of service, have excon the individual, company, corporation, etc., at the address shown above or on the individual, company.		=
I hereby certify and return that I am unable to locate the individual, company, corporation, etc.	c., named above (See remarks below)	_
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in the defendant's usual place of abode.	's
Address (complete only if different than shown above)		am om 84 1
(including endeavors)	Amount owed to U.S. Marshal or Amount of Refund	_`
NA NA D	0 0	_
For sevice to Include a	ntact information map.	